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FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 660.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Warning from the filing fee fee(s) charge fee(s) indicated below, except for the filing fee Warning from the filing fee fee(s) charge fee(s) indicated below, except for the filing fee Charge fee(s) Fee(s	Effective on 12/08/2004.			Complete if Known				
First Named Inventor Namie ITOI Examiner Name Pittle Named Inventor Namie ITOI Examiner Name Pittle Named Inventor Namie ITOI Examiner Name Pittle Named Namie ITOI	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Numbe	er 10/586,31	10/586,314 Conf. No.: 2570		
Examiner Name B. PHILIPS	FEE IRANSWIIIAL			Filing Date	August 08	August 08, 2008		
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 4129 Attorney Docket No. 0445-0364PUS1	For FY 2009			First Named Invent	tor Namie IT	Namie ITOI		
METHOD OF PAYMENT (check all that apply)	Applicant claims small antity status. See 27 CED 1 27			Examiner Name	B. PHILIF	B. PHILIPS		
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2448 □ Deposit Account Name: □ Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)				Art Unit	4129			
Check	TOTAL AMOUNT OF PAYMENT (\$) 660.00			Attorney Docket No	o. 0445-036	4PUS1		
Deposit Account Deposit Account Number 02-2448 Deposit Account Name, Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)							
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Charge fee(s) indicated below	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit any overpayments Credit and 1.17	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
VaRNINS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and unthorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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